



EMS for Children Committee Meeting
Office of EMS
1041 Technology Park Drive, Glen Allen, VA
April 8, 2010
3-5 p.m.

Members Present:	OEMS Staff:	Others:
Robin Foster, MD , VCU, EMSC Committee Chair	Sherrina Gibson , Informatics Coordinator	
David P. Edwards, MBA , VDH, OEMS, Virginia EMS for Children Coordinator	Wanda Street , Secretary Senior, VDH, OEMS	
Petra Connell, Ph.D., MPH , EMSC Family Representative		
Virginia Powell, Ph.D. , VDH, Office of the Chief Medical Examiner		
Kae Bruch , Virginia Association of School Nurses Representative		
Barbara Kahler, MD , VA AAP Representative		
Paul Sharpe, RN , VDH OEMS, Trauma/Critical Care Coordinator		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to order:	The meeting was called to order by Dr. Foster at 3:07 p.m.	
Approval of Minutes from January 14, 2010 meeting:	A motion was made to review and approve the minutes.	The minutes were approved as submitted.
Introductions:	Everyone around the room introduced themselves to Sherrina Gibson.	
Chairperson's Report – Dr. Robin Foster:	<p>Committee Structure Reorganization</p> <p>Dr. Foster stated that she has not yet received a response from the Virginia College of Emergency Physicians about an appointee to the Committee.</p> <p>David Edwards received an email from Alice Ackerman, Department Chair of Pediatrics at Carilion Roanoke Memorial Hospital. She is applying for a Targeted Issues grant through EMSC. She has requested Dave's help with the grant and has asked that someone from her team be allowed to become a member of the Committee. Her proposal is exciting in that they want to improve care for pediatric trauma and mass casualty in the rural hospital setting. Dr. Foster feels that having someone from Carilion Roanoke on the Committee would be a great asset. Dr. Foster will call Ms. Ackerman to get</p>	Dr. Foster will call Alice

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	<p>clarification of what their goals are to see if other committees such as the Emergency Management Committee would be of any value to them.</p> <p>Gang Violence Video Uses/Training Dr. Foster contacted the AG's office about "The Wrong Family" video and was told that Marla Decker has another position and that Jessica Smith now is the contact person. Dr. Foster would like to set up a face to face meeting with the Attorney General's office to discuss the options that are available to us. She and David plan to attend the meeting to explain the vision of the Committee, which is to use the video as a Train the Trainer tool for providers that could possibly be shown at symposium in November.</p> <p>EMS Regulations – Call Sheet Documentation The Committee discussed the comments that were made on the Virginia Town Hall about call sheet documentation being left with the patient at the time of delivery. This item is being addressed by Michael Berg of OEMS.</p> <p>Pediatric Ambulatory Safety David has talked with Frank Cheatham and he has agreed to do a presentation on child safety immobilization. They are putting together a best practices collection from different states and from fire and safety resources. As a point of information, Nadine Levick will be at Symposium doing a presentation on patient transport safety in the ambulance as part of the "safety track" planned for this year.</p>	<p>Ackerman about the Targeted Issues grant.</p> <p>Report back to Committee by Dr. Foster and David Edwards</p> <p>Frank Cheatham has agreed to do a child safety immobilization presentation.</p>
OEMS Report – Paul Sharpe:	<p>Budget The budget will be finalized by the Governor this month. The situation for OEMS seems to have improved from earlier indications, although the Trauma Fund and Poison Control Centers will be affected. The Poison Control Centers funding is planned to be cut 68%. They have applied for HRSA grants and have asked OEMS for supporting documentation. Paul feels that they all will find a way to remain open.</p> <p>EMS Regulations Legislature has passed a bill that designates EMS Providers as Vaccinators. EMT Intermediate and EMT Paramedics are qualified to give Seasonal Flu and H1N1 vaccinations to children. Paul stated that he was not sure if this was the intent. Barbara stated that the intent was to enlarge the pool of providers in a pandemic event. Also, the DUI regulations are a hot topic. The DDNR regulations received no public comments, and the only thing that is changing is the administrative process. There will be a downloadable form which can be copied and can be accepted by nursing homes and hospitals. Kae Bruch stated that in some school divisions, the school nurses are being told they cannot recognize the form. Paul said that an educational component needs to be available while implementing the new legislation. Kae advised that she was told that a new interpretation would be needed from the Attorney General's office if changes were to be made in school nurses practice. Paul will at some point be submitting a request to our AG representative, Eric Gregory, for clarification.</p> <p>Furlough Day The state's furlough day will be May 28, 2010. No state employees are allowed to work unless it is absolutely vital, and if so an approval must be approved before April 9. Other states are also implementing furlough days.</p>	<p>Paul will submit (at an appropriate time) a request to Eric Gregory about clarifying the meaning of the new DDNR regulations for school nurses (and how they practices).</p>
EMSC Program	HRSA Grant	

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Report- David Edwards:	<p>The Virginia OEMS competing HRSA grant request for a new EMS for Children State Partnership Grant was approved, effective March 1, 2010. The funding level will be \$130,000 annually for at least three years, with the probability of at least a one-year extension, which represents \$520,000 over the next four years.</p> <p>Hospital Categorization/Recognition David will be working more with the hospitals on the Pediatric Emergency Care readiness and creating categories of recognition. This is a voluntary program in which they can demonstrate their pediatric capabilities. EMSC will also get assistance from the \$10 million ASPR grant in which the Office of Emergency Preparedness is writing. They have written in a categorization component for EMSC.</p> <p>David will present drafts of the hospital categorization levels to this committee as well as the Trauma System Oversight & Management Committee. He will also ask the Virginia Hospital and Healthcare Association (VHHA) to review the categories before they are finalized. OEMS has the VDH Commissioner's support on this initiative.</p> <p>Upcoming Meetings David will attend the Hospital Emergency Management Committee meeting next week to speak to them about the upcoming hospital surveys, transfer guidelines and agreements, etc.</p> <p>He will also attend the "Small Rural Hospital Conference" in Williamsburg next week to speak about EMSC issues, categorization, hospital surveys, etc. He sees this as a great networking opportunity. He is also waiting for NEDARC to release the new survey formats.</p> <p>David Edwards, Paul Sharpe, Dr. Theresa Guins and Petra Connell will be attending the annual EMSC Program Meetings and NASEMSO (National Association of EMS Officials) Mid-Year Meetings in Bethesda, MD, May 24-27. These two meetings have been combined this year. One of NASEMSO's four national councils, the EMSC Council, has changed its name to the Pediatric Emergency Care (PEC) Council and will be holding a meeting on May 25th from 8 am to 5 pm at the conference. David has been told that he is being nominated for a council leadership position at this meeting.</p> <p>Broselow™ Tapes David will order enough Broselow™ pediatric resuscitation tapes in 2010 so that every ambulance in the state will have access to an updated tape. This is a length-based tape that assists providers in selecting the proper sizes of equipment and proper medication dosages when an accurate patient weight is not available. There was discussion about the durability of these tapes and the fact that training is necessary to avoid errors in using the tape. The Committee discussed creating an EMSAT program about the proper use of the tape, and Dr. Foster suggested having a resident go out with David on some of his hospital visits to do a demonstration (mock code), also utilizing the tape. The Committee was very supportive of this idea, pointing out that use of the tape could also be shown incorrectly as a learning tool.</p>	
EMSC Family Representative Report – Petra Connell:	<p>Petra sent the attached article to the Committee members via email.</p>  <p>Z:\Scanned Documents\Family Pr</p>	

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	<p>Every year Petra takes the EMSC Governor’s Advisory Board winner to the national EMSC Program Meetings to be nominated for a National EMSC Heroes Award. Wanda Willis of Harrisonburg Fire & Rescue and her Safe Kids Coalition have been nominated for National EMSC Provider of the year this time.</p> <p>Petra inquired about a list of the due dates for the 11 regional awards. She wants to motivate and encourage people to submit EMSC nominations. Petra will ask Marian Hunter about the dates.</p> <p>David informed everyone that Betsy Smith has officially resigned from the Committee. She and Petra had been sharing the EMSC Family Representative position. The national award (plaque) that she received two years ago will be also be sent to her via first class mail.</p>	
Committee Member Organization Reports:	<p>Kae Bruch, VASN – Kae’s report was forwarded by email.</p>  <p>EMSC School Nurse Rep Report for 04081</p> <p>Barbara Kahler, VA AAP – This has been a very busy year legislatively for the Academy of Pediatrics. The only thing that filtered out of it that may have an impact on EMSC is the head injury law that was passed when a child is injured during a sporting event.</p> <p>Virginia Powell, VDH OCME – No report.</p>	
Special Presentation: Virginia Pre Hospital Information Bridge (VPHIB) – Sherrina Gibson & Paul Sharpe:	<p>Sherrina updated everyone by stating that OEMS has been collecting pre-hospital care data for years but the quality and completeness of the data was not up to par. The method for gathering the information was not online and information was received in many different formats. With the new ePCR system, data can be gathered accurately with no “pregnant men”. Data will be submitted in a more timely fashion; every 30 days instead of quarterly. She reviewed the phased implementation schedule and stated that face-to-face training was first provided at Symposium last November, and then staff, with ImageTrend™ (Virginia’s contractor), went out to thirteen areas of the state to provide “hands-on” training. Every Friday webinars are being held and not all of the nearly 700 VA EMS agencies are yet on board. Many have asked for extensions, but Sherrina feels that the implementation has gone well so far.</p> <p>Sherrina explained the pediatric reporting capabilities of the new software to the Committee. The system has a Broselow™ tape button that can be clicked and a list of medications and amounts come up automatically. Hopefully, this will lessen the possibility of Broselow errors. Reports can be pulled showing how many kids were seen in the ED this year, and how many kids were involved in motor vehicle crashes, etc. The age groups on the Broselow can even be broken down in an ad hoc report. She also reviewed the Field Bridge pediatric assessment component where one can choose a baby’s image, boy or girl, to aid in reporting the location of injuries. This is what the EMS providers will be able to use when entering patient information either during or after an EMS call.</p> <p>Virginia Powell wanted to know if the system had any means of reporting if a Sudden Infant Death Syndrome (SIDS) baby is deceased but still being transported to the hospital. Paul and Sherrina stated that the report won’t exactly be able to show that, but there are other variables that would likely infer that information. The narrative would probably be the place to put that kind of pertinent data, though it is not always very legible. Virginia stated that this would be helpful for them in</p>	

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	<p>performing child death investigations, and with improving preventive measures for SIDS. David reported that NASEMSO now has a Pediatric Death workgroup developing a position paper on this and related subjects.</p> <p>Hospitals will have the option of going into the system and pulling appropriate reports; they won't necessarily have to wait on the call sheets which have been requested to be left at the time of the patient delivery. The Committee discussed the grant that supplied funds for Panasonic ToughBook computers and the major cost of the VPHIB software program, which will be offered free to agencies. Paul hopes that all of the EMS providers in Virginia will take advantage of the opportunity to use the system at no cost. The Committee also discussed data collection in general, agreeing that all of the agencies should be reporting data, one way or the other, and that if they did not they should not be considered compliant with state regulations. Failure to report data could eventually result in an agency losing its license to operate.</p> <p>The Committee also discussed uniformity of protocols and the possibility of getting the Medical Direction Committee to adopt some of the pediatric protocols and pediatric special health care needs protocols.</p> <p>Some members of the EMSC Committee are interested in a report that shows how many kids are being transported from schools. They also discussed getting feedback from the Department of Social Services (DSS) about mandated reporting now being done by EMS providers. Per David, DSS has made the necessary software changes and is now supposed to be collecting that data.</p>	
New Business:	The October 7 th meeting may need to be changed. An email will be sent with the new date if it is changed.	
Public Comment:	None.	
Adjournment:	The meeting adjourned at approximately 4:40 p.m.	The next meeting is to be held on July 8 at 1001 Technology Park Drive, Glen Allen, VA.